

**NORTHERN KENTUCKY HOME CONSORTIUM  
HOMEBUYER PROGRAM APPLICATION AND CHECKLIST**

Date: \_\_\_\_\_, 200\_\_\_\_

**PLEASE PRINT OR TYPE. RESPOND TO ALL QUESTIONS WITH AN ANSWER OR N/A (NOT APPLICABLE).**

**A. HOUSEHOLD INFORMATION:** Telephone Number: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Head of Household Date of Birth: \_\_\_\_\_ Co-Applicant Date of Birth: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other: \_\_\_\_\_

Ethnicity (Please Check Only One): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Please Check One or More):

☐ American Indian/Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Current Dependents and Household Members and Information

Name	Age/Date of Birth	Relationship	Annual Income – 1040
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. HOUSING INFORMATION**

Present Address (including city): \_\_\_\_\_

Is this subsidized housing? ☐ Yes ☐ No

Property to be Purchased (including city) - if unknown, leave blank: \_\_\_\_\_

First Time Homebuyer? ☐ Yes ☐ No

(definition: hasn't owned home in previous 3 years; displaced homemaker and single parent who while married owned a home with their spouse or resided in home with their spouse; individuals who owned home during 3 year period that is/was in substandard condition or not permanently affixed to a permanent foundation)

**C. EMPLOYMENT INFORMATION**

Place of Employment – Head of Household

Place of Employment – Co-Applicant

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is it okay to call you on the job? \_\_\_\_\_

Is it okay to call you o the job? \_\_\_\_\_

Annual Salary: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

How long have you worked at this job? \_\_\_\_\_

How long have you worked at this job? \_\_\_\_\_

**INCOME INFORMATION (INCLUDE ALL HOUSEHOLD MEMBERS):**

(REFER TO HOMEBUYER ASSISTANCE PROGRAM GUIDELINES FOR INCOME INCLUSIONS/EXCLUSIONS)

Social Security Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Welfare (AFDC) Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

V.A. Benefits Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Worker's Compensation Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Interest/Dividend Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Rental Income Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Other Income Monthly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Source: \_\_\_\_\_



**ASSET INFORMATION (INCLUDE ALL HOUSEHOLD MEMBERS):**  
**(REFER TO HOMEBUYER ASSISTANCE PROGRAM GUIDELINES FOR ASSET INCLUSIONS/EXCLUSIONS)**

Asset	Amount/Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. HOUSING EXPENSE**  
 How much is your current monthly housing expense? \$ \_\_\_\_\_

\_\_\_\_\_  
 The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of verification related to my/our application for financial assistance. I/We understand that any willful misstatements will be grounds for disqualification. I/We hereby acknowledge receipt of the Homebuyer Assistance Program Guidelines and agree to comply with procedures and requirements specified therein.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT.** U.S.C. Title 18, Sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Co-Applicant's Signature

\_\_\_\_\_  
 Household Member Signature

\_\_\_\_\_  
 Household Member Signature

\_\_\_\_\_  
 For Office Use Only:  
 HOME Income Calculation:



# HOME Program Eligibility Release Form

Organization requesting release of information:

Northern Kentucky HOME Consortium  
City of Covington – Housing Dev. Dept.  
2300 Madison Avenue  
Covington, KY 41014  
859.292.2188

**Purpose:** Your signature on this HOME Program Eligibility Release Form authorizes the above-named organization to obtain information from a third party relative to your eligibility and participation in the:

## HOME Homebuyer Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Borrower(s) must sign a HOME Program eligibility Release Form.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

**Information Covered:** Inquiries may be made about items initialed by applicant(s).

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Credit Report	X	

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) Borrower(s) will sign this form and cooperate with the owner in this process.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date

